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ORIGINAL DEPARTMENT.

Communications.

ADHESIVE PLASTER

In the Treatment of Fracture of the Thigh.

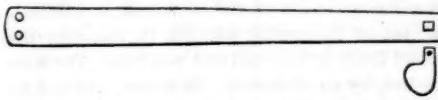
By D. GILBERT, M. D.,

of Philadelphia.

Having received frequent applications from medical friends for full details of the composition and manner of application of my apparatus for fracture of the thigh, I have prepared the following for insertion in the MEDICAL AND SURGICAL REPORTER. This seems called for, especially at this time, when there are so many cases under treatment in the army hospitals. I regret to say, that my publications hitherto have not been so full and explicit on these points as they should have been.

I.—Composition.

1. A splint four inches wide at upper and three inches at lower end, by three-fourths of an inch thick, and long enough to reach from two inches above the crista illi to six inches below the foot after extension and reduction, with two holes at upper end, and a block, nailed or morticed to lower end, to receive the frame of tourniquet.



2. Two pieces of adhesive plaster one and one-fourth yards long, and two inches wide at one end, and six at the other. Two adhesive strips, each one yard long and three inches wide, and one adhesive strip one and one-fourth yards long and four inches wide.

3. Two ordinary rollers, each two and a half inches wide and four yards long.

4. One tourniquet, (of Pettit.)

5. Cotton batting or charpie, and one yard of muslin.

6. Small block, half an inch thick by two inches wide and three long.

7. The many-tailed bandage, which is necessary in some cases.

II.—Application.

1. Make one double strip by laying one of the yard long strips upon the other and attach this to sides of leg, leaving a free loop under sole of foot to receive block and tourniquet strap.

2. Apply wide end of one of the largest strips to the inside of the sound thigh, above its middle; pass it spirally over anterior aspect and trochanter, and then across sacrum to crista illi of injured side. Apply wide extremity of the other so as to overlap the first; carry it spirally over back of thigh and trochanter and across anterior aspect of the pelvis to crista illi. Here the narrow ends are crossed, twisted and passed through the holes of the splint and tied outside firmly. See that the plasters are adherent to all the surfaces over which they pass.

3. To insure adherence apply one roller over the extending, and the other over the counter-extending bands.

4. Make extension and counter-extension and coaptate the fragments.

5. Pass strap of tourniquet over the loop and block under the sole of the foot, and buckle tightly; placing the frame of the instrument upon the block at lower end of the splint. By turning the screw the extension may be completed and increased from time to time.

6. Roll up the batting or charpie in the muslin to form a cushion, and fill inequalities between leg and splint.

7. Pass remaining adhesive strip around the pelvis and head of splint to insure immobility of both.

8. An inside splint may be used in some cases. This may be longer or shorter, and held by strips of roller. The many-tailed bandage, in some cases, is necessary.

9. Should the situation of wounds require it the splint may be bracketed.

10. Patients of tender skin often separate the plasters to relieve itching. This should be prevented.

11. When the fracture is in the lower part or middle of the thigh, the wide ends of the counter-extending strips may be applied to the injured limb; commencing on the outside, winding spirally in opposite directions, crossing at perineum and

crista illii, and then passed through the holes of the splint and tied.

In all cases the form and length of the adhesive strips must be adapted to circumstances.

In some cases we will have to depend on the surfaces of the pelvis alone for their application.

III.—Advantages.

1. There is neither friction nor pressure at the seats of extension and counter-extension as there is in the use of the ordinary materials; consequently, no abrasion nor pain, no matter how great the force necessary to be employed to keep up extension and counter-extension.

2. The apparatus is so perfectly simple as to be always available.

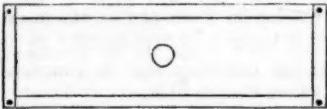
3. When well applied, readjustment is not required more than once in simple, and not more than three or four times in compound fractures.

4. Perfect quietude of the fragments insuring more speedy union.

This method commands the movements of the pelvis and entire lower extremity, and converts them, for the time being, into one solid piece, whilst the movements of the trunk upon the pelvis through the agency of the lumbar vertebrae are unrestrained, which adds greatly to the comfort of the patient.

IV.—To Facilitate Evacuations.

I have, in these and all similar cases, a frame made (of 1½-inch plank four inches wide) six and a half feet by two and a half feet, on which sacking is firmly tacked, as in the subjoined wood-cut.



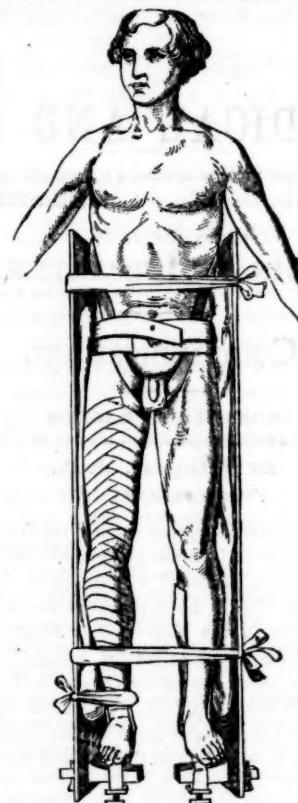
Over this lay a sheet with hole to correspond and pillows to raise the head and shoulders, and place this upon an ordinary bed.

On this the patient may be placed and have his evacuations without the least disturbance of the fracture by resting the ends of the frame upon stools or chairs. He may also be carried from room to room, and even into the open air, and have his bed made, aired, etc.

The following drawing exhibits the plan adopted in the case of T. S., who had compound fracture of both thighs:

This case was reported to the *College of Physicians* by Dr. T. E. BEESLEY, of this city, at a stated meeting in February, 1859. His concluding remarks are as follows:

"In writing the account of this interesting case, I have drawn freely from the notes of it kept by



Dr. GILBERT, to whose skill, under Providence, I attribute its completely successful result, the more remarkable from the age, nervous constitution, and active character of the lad. Of all the cases of fracture of the thigh which have come under my notice in the course of a pretty extensive practice of more than forty years, there has been none where the apparatus made use of was so simple, so painless, and yet so thoroughly efficient in retaining the injured limbs in their natural position. The fracture-bed, by its cheapness, lightness, and convenience for moving the patient without pain, and allowing the necessary evacuations of the bowels, seemed almost all that was to be desired in such a case. At first there was some difficulty in urinating, and the catheter was used a few times; after that, however, a large-mouthed flattish phial was placed so as to receive the urine, when the patient desired to void it. In conclusion I may add, that now, at the end of three months from the accident, the boy walks with facility and without limping, there only appearing some stiffness in his knee."

Numerous cases of the most unpromising character have been treated with the most gratifying success during the last fifteen years by myself and friends. Some of these have been published in

medical journals, others may be published hereafter.

Published papers may be found in the *American Journal of Medical Sciences* for Jan'y, 1851, Jan'y, 1858, and Jan'y, 1859.

BILATERAL CEPHALÆMATOMA.*

Translated for the Medical and Surgical Reporter,

By A. METZ, M. D.,

Of Massillon, Ohio.

A paper on *Bilateral Cephalæmatoma* was sent in by Dr. SAMELSON. The case presented no features of special interest, only that the one tumor existed at birth, and the other was only noticed at the sixth or seventh day. The physicians who first attended the case thought it possible that the protrusion had a communication with the cavity of the skull, and as the general condition of the child seemed to indicate an unfavorable prognosis, an explorative puncture was made with a probe, which, however, closed after discharging a few drops of blood. When Dr. SAMELSON was called in, double cephalæmatoma was given as his diagnosis. He ordered SCHMUCKER's lotion, besides a proper treatment for the general condition of the child. At a later period, the cold applications were changed for warm fomentations of chamomile infusion, mixed with spirits of camphor.

Dr. SAMELSON believed that the cephalæmatoma had a connection with a disposition to haemorrhages in both parents, as manifested by frequent bleedings from the nose, and obstinate traumatic haemorrhages.

Dr. STRASSMAN remarked, that bilateral cephalæmatoma, according to the observations made in HAUNER'S Hospital for children, is of very rare occurrence—in twenty-nine thousand cases of sick children there treated, only three such cases are reported. In one case treated, one side was emptied by incision with the lancet, and was cured in from three to five days; the other side was treated by applications of sal ammoniac and tinctures, etc., and was absorbed only in from five to eight weeks.

Dr. MARTIN said, that according to his observations, on cephalæmatoma neonatorum, that the collection of blood between the skull-bone and the pericranium, in the larger proportion of cases, is caused by rupture of blood vessels by stripping, or compression of the tissues named, during the passage of the head through the pelvic bones. In a case that died from other disease, after a difficult birth, there was, on opening the head, fracture of the skull, with internal and external cephalæmatoma. It is quite common in dissecting new-born

children to find small collections of blood between the skull and pericranium, not noticed during life, on account of the insignificance of the collections. He believes that such frequent sanguineous engorgement in new-born children is caused by interrupted inspiration. This view of the cause explains why, as is always observed, the cephalæmatoma increase in size during the first few days of life.

As regards the treatment, Dr. MARTIN also treated some cases on the expectant plan; that is, he confined himself exclusively to medical treatment, such as lotions, etc., and witnessed in a longer or shorter period of time the resorption of the blood in the swellings. But the cure was so tedious, and disfigured the head sometimes for years, so that for twelve years past he had uniformly resorted to puncture and evacuation of the contents of the swelling. *But this treatment he never undertakes before the ninth or tenth day after the increase in size of the swelling has ceased.* He uses the common abscess knife, and only makes an opening of from three to five lines. The blood discharged is always black, not coagulated. The discharge is aided by very gentle pressure, the wound closed with adhesive plaster, and no further treatment is required.

The Effects of Congelation upon Water.

Dr. ROBINET, a member of the Academy of Medicine, Paris, has published an account of experiments conducted by him to test the effects of congelation upon drinking-water. It is well known that the ice which is formed in the sea yields nothing but fresh water, all the salt having been eliminated by congelation. In the Northern parts of Europe this property is turned to account for the extraction of salt from sea water; for a large sheet of the latter having been left to freeze, the ice is afterwards cut away, and the unfrozen water left below is so rich in salt as to require very little evaporation to yield it in a solid state. This property will also serve to analyze wine. Suppose it was required to determine the quantity of water fraudulently added to a certain wine; by exposing it to the action of artificial refrigeration, all the water would be alone, and the wine left in its purity. By a similar process, ships at sea, being short of water, might be supplied with this necessary article. We will suppose the temperature of sea water under the tropics to be 300 centigrade. If a quantity be exposed in a vessel to the action of a mixture of sulphate of soda and hydrochloric acid, two very cheap commodities, the temperature of the water will fall to 100 below freezing point. Let it then be exposed to a second mixture of the same kind, generally eight parts of sulphate to five of the acid, and the temperature may be lowered to 170 below freezing point. Congealed water is then obtained free from salt, and may be used with impunity. Dr. ROBINET has added a new fact to this theory by showing that the water of springs and rivers loses all its salts by congelation. These salts are chiefly those of lime and magnesia. The water subjected to experiment was that of the lakes of the Bois de Boulogne, the ice of which was found to be entirely free from the above mentioned salts. Such, indeed, is the chemical purity of the water thus obtained, that it may in most instances be substituted for distilled water.—*Scientific American.*

* Verhandlungen der Gesellschaft für Geburtshilfe in Berlin. Session of 27th May, 1862.

EDITORIAL DEPARTMENT.

Periscope.

DOMESTIC.

Spotted Fever.

At the meeting of the College of Physicians of this city, held on the 1st of April last, Dr. W. W. GERHARD read a paper on the Spotted Fever as it occurred in Philadelphia in 1863, its Symptoms, Pathology, and Diagnosis.* Dr. GERHARD says:

"About the middle of last February I was called to a case of a new form of disease; the patient, a boy of sixteen years of age, was taken suddenly with intense pain in head and back, with occasional delirium; there was also vomiting and nausea. In the intervals of the delirium he was dull and heavy, but able to answer questions correctly.

"On the second day there was an eruption over the whole body of spots varying in size from such as would be caused by the prick of a pin, to an inch or more in breadth. These spots were of a dull red color, not in the slightest degree elevated, and rather resembling ecchymoses, such as might be caused by the puncture of an insect than a proper eruption. There was no diarrhoea; moderate heat and fever; the tongue was scarcely coated. This patient died in four days from the attack, sinking into a state of coma. A sister of this patient, aged twenty, was taken ill and died in twenty-six hours from the commencement. She was attended by Dr. PACKARD, and had an eruption similar in all respects to that of the other patient during life. On examination after death no distinctive lesion was found."

Brief reference is made to about twenty cases that occurred in the vicinity of Falls of Schuylkill, ten of which terminated fatally.

History of the Disease.—Dr. GERHARD's account of the history of Spotted Fever seems quite confused. He says (p. 105) that the disease is "unknown in Europe," and again (p. 106) that "epidemics of the same disease have appeared in Europe within different periods." He says also (p. 105) that the disease is "not even mentioned in the complete work of Dr. WOOD," while the fact is Dr. WOOD gives "Spotted Fever" as one of the synonyms for Typhus Fever,† and under the history of that disease refers to the same epidemics of Spotted Fever in 1807 and 1812-13 that Dr. GERHARD does in his paper. Dr. WOOD also classes the fever that appeared in Philadelphia in 1820-21 as a typhus fever, which Dr. GERHARD speaks of (p. 110) as "Negro Fever." It is not to be supposed that the "Spotted Fever" of 1807-13, described by Drs. GALLUP, NORTH and others, escaped the keen, searching eye of so learned, intelligent and systematic a writer as Dr. WOOD is known to be, and it is evident that he regarded it as a typhus fever.

Dr. GERHARD has found evidences of the Spotted Fever having prevailed quite extensively of late,

particularly in localities occupied by the United States troops. The number of cases that occurred in Philadelphia and vicinity during March and April is estimated at two hundred.

"Mode of Attack and Symptoms.—Some patients are taken down suddenly without the slightest premonition, with a chill and intense headache; others, again, have the usual premonitory symptoms of acute diseases for a few hours; a chill will then supervene, followed by fever; the countenance is slightly flushed, and the patient becomes dull and heavy—so much so that after a few hours, in bad cases, it is impossible to obtain any pertinent answer from a patient. In other cases he is dull and stupid, but answers when loudly spoken to. In slight cases there is merely a little dulness, but no positive stupor. There is occasionally positive delirium, but as a general rule the disturbance of the mind inclines more towards stupor or coma than active delirium. In fatal cases the patient always dies in a state of coma, which lasts several hours before death.

"Another symptom of the disease is intense pain in the head and back, extending often to the limbs. This occurs with a chill, but very soon subsides, or at least is not spoken of by the patient, except when questions are directed to the subject. There is often vomiting at the commencement, but not usually very frequent or often repeated, and no epigastric tenderness. The bowels are rather constipated; there is a disgust for food in proportion to the severity of the fever. The urine is perfectly healthy.

"The degree of fever is various; the pulse is frequent, not very strong, and in bad cases its force and frequency often diminish; the respiratory organs are perfectly healthy. The heat of the skin is more moderate than in most attacks of acute disease. In some cases I have remarked a peculiar odor exhaling from the patient. This, however, is not so marked as in many other varieties of disease.

"Eruption.—In every case of the disease which I have seen, with the exception of one or two, terminating after an attack of a few hours, there occurred a characteristic eruption. This consisted of small spots, varying in size from the point of a pin to the breadth of quarter of an inch. In some patients there were much larger spots, or ecchymoses an inch or two in breadth; these seemed to depend upon the same causes which produced the smaller ones, and to be in fact identical with them, so that they might be termed confluent. The eruption, which at first glance resembled a genuine exanthema, was, on careful inspection, found to be very different from it. Each spot was of a dull red color, almost purple in some cases, varying in shade, and, for the most part, not at all affected by pressure; some of the lighter colored spots were to a certain degree diminished when strongly compressed, but the darker ones were evidently due to an effusion of blood in the midst of the true skin, and were therefore not modified in any way by external pressure. The spots were not in the slightest degree elevated above the surface, and were scattered pretty equally throughout the body, perhaps a little more abundant in the extremities than the trunk. The spots appeared usually at the end of twenty-four hours, but sometimes even sooner, and in some cases were visible after death, although not very perceptible during life. This was the case in those instances which terminated soon after the commencement of the attack. It may be readily believed from these remarks that the eruption was a simple exudation of blood or ecchymosis taking place beneath the skin, and similar in many respects to the spots which were sometimes visible in the interior of the body. In the cases of many patients the duration of the spots was very various—they were visible at least for a week or

* Transactions of the College of Physicians of Philadelphia, published in the American Journal of the Medical Sciences for July, 1863.

† Wood's Practice, Fifth Ed., p. 364.

two, disappearing very slowly, in the same way as the dark color of a bruise.*

"The complexion in many cases was peculiar, a dull slightly sallow hue, but no trace of regular jaundice was perceived, nor did the countenance present the intensely red color so often observed in typhus and typhoid fever. The eye was moderately injected in some cases, but rather in the veins than the arteries, and of a dull red hue. The injection, however, did not seem to be invariably present. No trace existed of any glandular swelling or inflammation, except in one case, in which an eye rapidly passed into suppuration and was entirely destroyed.

"*Anatomical lesions.*—In one case in Manayunk, a patient of Dr. UHLER, I was enabled to see the autopsy of the whole body. The brain was found to be congested with blood, the veins containing an unusual quantity of it. At the base of the brain was an effusion of a few ounces of serum; the ventricles of the brain contained a moderate quantity of serum, but there was not a trace of any lesion produced by inflammation.

"The lungs were slightly congested at their posterior portion, but in other respects were healthy and crepitant. The right cavities of the heart contained a considerable quantity of black fluid blood, of a remarkably dark hue, with a very small and flaccid coagulum. The left ventricle was perfectly empty. On the portion of the pericardium covering the left ventricle were two spots of a deep red color, one of a quarter of an inch in breadth, the other somewhat larger, dependent upon an effusion of blood beneath the membrane. Another spot, of a rather larger size, was found beneath the serous membrane of the stomach. All these sub-serous ecchymoses were precisely similar to that found in one of the glands of Peyer, and were evidently dependent upon similar blood effusions.

"The stomach contained but little mucus, its internal coat firm and healthy, and moderately injected. The small intestines healthy throughout, except one of the glands of Peyer, in which there was an ecchymosis of blood a quarter of an inch in breadth; the large intestine was healthy. The liver was of its natural color and healthy.

"The uterus was healthy, with a small coagulum of blood attached to its orifice. Beneath the serous membrane of the stomach was a dark red spot, of a third of an inch in breadth, similar to those already mentioned, and evidently depending upon a local effusion of blood.

"The anatomical lesions thus confirmed the conclusions at which I had already arrived, respecting the pathology of the disease. That is, it is strictly a blood disorder, unconnected with any structural lesion. The internal ecchymoses of blood are precisely similar to the spots on the skin, and are evidently depending on the same cause. This fact establishes a wide distinction between them and those appearing in typhus and typhoid fevers, as well as the eruptions of the exanthemata. Although the proof of spotted fever being a blood disease is to my mind conclusive, it must not be ascribed to an impoverished condition of this fluid from innutritious or deficient food, as none of the patients whom I saw was in a condition of actual poverty, and a large majority of them belonged to a class amply supplied with all the comforts of life.

"*Duration.*—No disease has, in the fatal cases, a much more rapid course. A case terminated fatally in seven or eight hours; a number have died in from twelve to twenty-four hours. The largest number in the course of the second day. If the patient should

live after forty-eight or fifty hours there is a fair chance of recovery, although fatal cases are met with after lasting for several days. In one case, even, death followed after the lapse of several weeks. The duration of cases ending in recovery is equally variable with those that are mortal. Some are convalescent after two or three days of indisposition, others last for a week or two, and in one case at the Falls of Schuylkill, a patient of Dr. SERVICE, recovery was protracted for many weeks.

"*Diagnosis.*—* * * The diagnosis of the affection, when once thoroughly understood, is not, however, difficult, for the same set of symptoms occur in no other disease. These are the sudden occurrence of intense headache and spinal pain, followed by the peculiar eruption which resembles that of no other fever, but presents a distinct resemblance to the ecchymosis of scurvy, and besides this, the rapid development of brain symptoms, that is stupor, more or less severe, and in bad cases always coma. No one who has become once familiar with this disease can possibly mistake it for any other, such as typhoid or typhus fever, or the various forms of exanthema.

"A number of my medical friends, of the highest professional standing in this city, have never yet seen examples of spotted fever. Under these circumstances some of them have been led into precisely the same error of diagnosis into which I had myself fallen with regard to my first case of this disease. Some have fancied it was a variety of typhoid fever; a larger number, of typhus fever; and one, oddly enough, of influenza. It requires nothing but actual observation to entirely dissipate all such ideas. The disease belongs to the same class as other continued fevers or exanthemata, but is just as distinct from typhoid or typhus fevers as from measles or small-pox. The two affections to which it has the closest similarity are the petechial typhus fever and some malignant varieties of scarlatina.

"The peculiar color and form of the eruption, and the development of throat symptoms in the latter affection, added to the other characters of the disease, will point out sufficiently the pathognomonic symptoms of scarlet fever. There remains, then, merely the diagnosis between spotted fever and certain varieties of typhus; for I take it as demonstrated that no one could possibly confound two diseases so perfectly distinct as spotted and typhoid fever.

"Between typhus and spotted fever, however, there are some points of resemblance; both these diseases attack subjects of any age, are nearly always free from pathological lesions, and are each attended by a peculiar eruption. Still there are well marked diagnostic characters which mark a broad distinction between these diseases. These are as follows: in spotted fever the disease is very rapid in its course, with delirium, but rarely of an active kind; an eruption wholly different from that of typhus; less heat of skin, which is never of the burning temperature of typhus, and with none of the peculiar odor of this disease. Typhus offers a true exanthematic eruption; but I have already described that of spotted fever to be rather a scorbutic hemorrhage than a real exanthema. Besides, the duration of typhus fever is nearly as regular and as long as typhoid; whereas in spotted fever the course of the disease is irregular, and generally much shorter. The fearful difference in the mortality of the two disorders and the unequivocally contagious character of typhus fever, with the slight probability of the existence of any symptom of the same kind in spotted fever, are also additional points of diagnosis.

"In the year 1836 I was first led to study the diagnostic characters of typhus and to lay down the distinctive characters separating it from typhoid fevers.

* An eruption very similar to, if not identical with that described here, appears in malignant forms of scarlet fever. See Wood's Practice, 5th Ed., p. 431.—ED. MED. AND SURG. REPORTER.

(*Amer. Journal*, 1837.) These are now adopted by all the physicians of the French school, and by a large number of English observers. I could not, therefore, help regarding it a most fortunate circumstance that accident had afforded me an occasion for establishing the characters of another variety of febrile disorder which, although not so common as either typhus or typhoid fever, is yet more fatal in its symptoms and course. These three varieties of fever I regard as more distinct than many cases of intermittent and remittent; and although occasionally the distinctive characters may be somewhat confused one with another, yet on the whole they are so well defined that no legitimate excuse can exist for confounding them one with another. The diagnosis of the spotted fever is, however, much better defined than that of typhus and typhoid is in all cases, for sometimes these approach so nearly in their symptoms as to render the diagnosis of them very difficult. In spotted fever no one with but a moderate power of observation could possibly confound it with the other affections; although some medical gentlemen of high professional standing have supposed it to be identical with them. The only thing which makes their opinion valueless is that they have never seen a case of spotted fever.

"Prognosis."—The prognosis of the disease is soon learned. If the cerebrospinal symptoms are but moderate, and the fever not very intense, the patient will certainly recover unless badly treated. The prognosis is always, however, a most serious one. At its first appearance as an epidemic it is exceedingly fatal. In different localities from one-half to two-thirds of those attacked have fallen victims; in one locality I have been told the mortality was even greater, nearly all attacked having died. When a proper system of treatment is adopted, a favorable prognosis may often be made. If, however, the poisonous cause of the disease acts with great energy, rendering the patient comatose within a few hours, the prognosis is very serious if not necessarily fatal.

"Treatment."—* * * The most important remedies, however, are stimulants—whisky, brandy, and the like, and quinine given in doses of a grain every hour. Sometimes as much as two grains every hour may be administered for a short time. The quantity of brandy used is sometimes very large—at least a tablespoonful every two hours, or even every hour. In others a much less dose will be ample; that is, the same rule should be observed in the treatment of this disease as in many cases of typhus fever; stimulants should be given in such quantities as the peculiar symptoms of the individual case and the special condition of the patient may require. It is, of course, impossible to fix any precise quantity as the dose which is required; but a certain proportion of wine or some alcoholic stimulant has been necessary in every case which I have seen. Other stimulants are doubtless often of service, such as ammonia, ginger, &c., but as none of them is equal to some alcoholic preparation, they are of comparatively little value in so rapid a disease as spotted fever.

"The necessity for stimulation is based upon the rapid loss of force which takes place in this disease. To so great a degree does this exist that I have not seen good effects from even local abstraction of blood which was prescribed in a few cases by physicians who had been in attendance on several of the patients. This view of the effect of bloodletting is confirmed also by the pathology of the disease. It is not an inflammatory disorder, but obviously depends on an altered condition of the blood, which cannot be cured by diminishing its quantity, but on the contrary the true treatment of the affection depends upon the curative efforts of the system, which

is to be supported instead of enfeebled during the process. * * * * *

"If vomiting does not occur spontaneously, it is well to bring it about by a draught of warm water or a mild dose of ipecacuanha. The reason for this treatment is based upon the fact that the natural emesis should be regarded as a spontaneous mode of relief, or perhaps it may be caused by the necessity felt by the stomach to free itself of a quantity of matter which it cannot digest. This necessity is much more obvious in this disease than in most other affections, from the suddenness of the attack, which often strikes individuals in perfect health, without being preceded by the usual prodromes of disease.

"Purgatives should not be trusted to; they would much annoy and enfeeble the patient without doing good. An enema may be given at the commencement and a light laxative soon afterwards; but this is merely for the purpose of unloading the bowels, not for having any special action on the disease. The food should, of course, be at first limited to diluent drinks; but if the disease last over a day or two I would give the patient essence of beef or some equally nutritious substance.

"It is thus perfectly plain that the mode of treatment is based entirely upon a conviction that the important indications are to keep up the strength of the patient, and to combat, as far as possible, local symptoms until the poison causing the disorder should be eliminated from the body. It is worse than useless to diminish the strength of the patient, for upon this we depend to carry him safely through the disease. This mode of treatment, I may state, has been generally followed by physicians who at first had been much less successful with the ordinary remedies used in the management of many acute disorders."

Dr. LAMB gave the history of several cases that came under his observation in Frankford. He says:

"In describing the anomalous disease which has recently given so much alarm in some of our suburban villages, it may be very proper to describe the general aspect or physiognomy of the patient, which is so remarkable, that when once seen, similar cases cannot be easily mistaken. It would be very difficult to describe the anxiety and intense suffering exhibited in the countenance of the patient. The jactitation is incessant, and the suffering without intermission. I will endeavor to describe some of the most striking cases as they were presented to my observation. * * * In the few cases which have come under my care, I have seen no decided response to any remedial agent where the head was the chief point of attack."

A Singular Spectacle in Battle.

At the battle of Stone River, Tenn., while the men were lying behind a crest waiting, a brace of frantic wild turkeys, so paralyzed with fright that they were incapable of flying, ran between the lines and endeavored to hide among the men. But the frenzy among the turkeys was not so touching as the exquisite fright of the birds and rabbits. When the roar of battle rushed through the cedar thickets, flocks of little birds fluttered and circled above the field in a state of utter bewilderment, and scores of rabbits fled for protection to our men lying down in line on the left, nestling under their coats and creeping under their legs in a state of utter distraction. They hopped over the field like toads, and as perfectly tamed by fright as household pets. Many officers witnessed it, remarking it as one of the most curious spectacles ever seen upon a battle-field.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 25, 1863.

WOUNDED HEROES.

And how they are cared for.

The testimony is universal, that those who fought at Gettysburg, in this State, in the early days of this month, were heroes. They exhibited a valor and steadiness that will make that battle memorable in all time. The battle was bravely fought on both sides. The insurgent troops fought with desperation, but without avail, and were compelled to leave most of their wounded in the hands of the National troops. As the result of such fighting, continuing over three days, the number of casualties was very great. The estimated number of wounded on the field on Monday the 6th, was 20,000, of whom about 12,000 were National, and 8,000 were insurgent troops. Besides these, the Richmond papers report the arrival of six to eight thousand wounded, removed from the battle-field by Gen. LEE. This will give an idea of the desperate character of the contest.

The immediate wants of the wounded soldier are Attendants and Supplies. Our own theory is, that Government should supply *all* the wants of the soldier in these circumstances, they being the legitimate result of his original enlistment in the service. But, for reasons of which we are ignorant—wise ones though, we doubt not—the wants of the wounded soldier are very inadequately supplied by Government. This is the testimony, we believe, of every one who visits the battle-field, and it is admitted by the acceptance and official acknowledgment of volunteer services in the care of the wounded, and of immense stores of supplies, the voluntary contribution of private benevolence and patriotic feeling, but for which, it is universally conceded, the wounded would suffer greatly.

It is the duty of the Ambulance Corps, or of a detail of soldiers from the ranks, to bear the wounded from the battle-field to a place previously selected, and protected by a hospital flag, where his immediate physical wants are attended to. Much was said in the early part of

the war about the establishment of an independent Ambulance Corps, and if we remember rightly, Congress passed a law on the subject. It does not, however, appear that the reasonable expectations of the country in this regard have been met in the manner originally proposed. The testimony that we have would go to show, that the wounded in the late battles were mostly removed by details of soldiers for the purpose—thereby weakening, and to a certain extent disorganizing the army—or, they were left to suffer, and often to die where they fell. It is undoubtedly a duty the country owes the soldier, to have him removed to a hospital, by some means, immediately after he is wounded.

Then begins the attendance to his physical necessities. The wounded man's first want is water, a liberal supply of which should be provided as soon as a battle begins. Surgical aid is wanted at once, and in battles like that we have been commenting on, where the wounded are numbered by thousands, the ordinary quota of Surgeons in an army is insufficient to meet the demand. On several occasions the deficiency has been made up by calling in volunteer Surgeons, without any system or order, and they have rushed by hundreds to Washington, at a heavy sacrifice of time and money, to be snubbed, and their services refused after they arrived, in response to an earnest call. It was then proposed that the Surgeon-General should select a few prominent civil Surgeons in different parts of the country, who should be called upon to report themselves with a definite number of volunteer Surgeons each, in the emergency of a great battle, at whatever point might be designated by the Surgeon-General. But nothing seems to have been done, and one of the most sanguinary contests of the war has again occurred without adequate provision having been made for the care of the wounded. Offers of volunteer surgical aid were declined, on the ground that the arrangements were ample, which there is abundant testimony to show was not the case. It is certainly perpetrating a great wrong against our soldiers to have them suffer on the battle-field for lack of surgical attention, when a very little forethought and management would promptly secure for them

the services of the best surgeons in civil life in the country. Our own troops suffered during and immediately after the late battles for want of surgical attention, but their sufferings were light compared to those of the thousands of wounded rebel soldiers who were left on the field by Lee's retreating army, with scarcely any provision made for them—no medical stores of any kind, and but about half a dozen surgeons to attend them. Says one who was on the battlefield:*

"The splendid victory of our troops made every available soldier necessary in the pursuit of the flying, but not routed or demoralized, and still dangerous foe. Only one-third of the Surgeons, ambulances and wagons could be left from each corps in care of our wounded, and no detail of well men to nurse them. Add 6,000 rebel wounded, deserted by all but five of their own Surgeons, and one can see the inevitable misery of the situation.

"There was most inadequate supplies of coarse food, and none of suitable and delicate food within the reach of the hospitals. Beef and hard tack were the only things in tolerable abundance. Transportation for the wounded from worse to better quarters, and of supplies, was necessarily very scarce, and was a chief source of distress. The roads were thronged with wounded men, here on canes and there on crutches, not seldom with amputated arms, and heads still bleeding, making their way on foot from the corps hospitals two three, and four miles, to the depot. At the hospitals themselves at first, the spectacle was intensely wretched. Men with both legs shot off—shot in the eye, the mouth, both hands gone, or one arm lost, were laying in rows that seemed pitiable and in wonderful patience, fortitude and patriotic pride, facing their sufferings. The rebels, as was just, had to wait their turn for having their wounds dressed, or their limbs amputated till the Union men had been cared for; then they were treated with equal kindness and attention. Many, after six days, were looking forward as to an unspeakable blessing, for the amputation of their shattered limbs."

The next wants of the wounded soldier are stimulants, cordials, proper food, and clothing. The first supply of these was brought by the Sanitary Commission, Adams' Express Company, the Christian Commission, and by the people living in the neighborhood. Unfortunately, a four-horse team of supplies that had been sent forward by

the Sanitary Commission, in anticipation of a battle to be in readiness, was captured by the rebels, and caused some delay in supplying the wants of the wounded, and it was not until, *six days* after the battles commenced that adequate supplies arrived on the ground.

The following statement of the labors of the Sanitary Commission, taken from a note published by Rev. Dr. BELLows, the President of the Commission, will serve to give some idea of what was accomplished by the agencies referred to above. Dr. BELLows says:

"In addition to its very large distributions to the hospitals, the Commission has a relief station at Gettysburg, at which about one thousand wounded men daily obtain special personal assistance of various kinds, and at which proper sustenance is provided for all patients leaving by the railroad. Fifteen persons, with special supplies for the purpose, are employed by the Commission to take care of the wounded while on the cars between Gettysburg and Baltimore. Two or more rail cars are sent daily with supplies from Baltimore to Gettysburg, and at least one is daily sent with supplies for the hospitals at Washington. The Commission has sent from Baltimore to Gettysburg since the battle over 20,000 pounds of fresh bread, 20,000 pounds of fresh mutton and poultry, 10,000 pounds of condensed beef soup, 9,000 pounds of condensed milk, 5,000 pounds of fresh butter, 10,000 dozen of fresh eggs, five tons of fresh vegetables, 4,000 pounds of sweet chocolate, 4,000 pairs of shoes and slippers, one ton of tamarinds, 300 hundred boxes lemons and oranges. Of jellies, farinaceous food, wines, spirits, cordials, sponges, towels, lint bandages, socks and hospital clothing—many car-loads."

Again, Dr. BELLows says:

"The terrible destitution of many of the rebels will not bear description. It was too horrible for recital. Had it not been for the unwearied labors of the people of Gettysburg and the neighboring towns, particularly York, the sufferings of these wounded men must, in thousands of cases, have ended in early death. The farmers and townfolk sent large supplies to the Christian Commission, in addition to their own copious stores, which, by the aid and force of two hundred volunteers, chiefly ministers, were rapidly and efficiently distributed. Some thousands of tired and hungry soldiers were fed at their saloons of refreshments. The wounded men had letters written for them home, and received religious counsel and support to a most gratifying extent. I desire to give the strongest expression to my own sense of the enterprise, zeal,

* Rev. Dr. BELLows, President U. S. Sanitary Commission.

and blessedness of the labors of this sister institution on the battle-field of Gettysburg."

The services thus rendered, particular by the Sanitary and Christian Commissions, were handsomely acknowledged by Surgeon-General HAMMOND in notes to Rev. Dr. BELLOWS and GEORGE H. STUART, Esq., the Presidents. The soldiers and the country are under lasting obligations to these commissions for their labor of love in the army, but we cannot see that this relieves the Government from an iota of its responsibility to the wounded soldier.

While these organizations are thus engaged in supplying the wants of the wounded and sick soldier, they should be sustained by liberal contributions of money and supplies.

Notes and Comments.

Surgeons Wanted.

It is stated that Surgeons are wanted for the United States Navy. Those wishing to enter this service must make application by letter to the Secretary of the Navy, who will give them whatever information they need. The Navy of the United States is rapidly growing in importance, and the service is honorable, and free from many of the objections attendant on the army service.

"Eminent Members of the Profession."

We would inform a correspondent on another page, and other inquirers, that all the "eminent members of the profession" would seem, according to the opinion of the Surgeon-General, to be in the army. He issued a circular of inquiry, addressed to "eminent members of the profession," which was speedily followed by an explanatory note from Assistant Surgeon-General SMITH, saying that the circular was only to be sent to surgeons in the army, and the Surgeon-General's organ says it is all right that it should be so. An additional officer would seem to be needed at the Surgeon-General's office to "explain" his orders.

Appointment.

We are glad to learn that our intelligent young friend, Mr. HERMAN BAUER, of Brooklyn, N. Y., has received the appointment of Medical Cadet, U. S. A. Mr. BAUER has been ordered to the University Hospital, New Orleans, and has already entered on his duties.

Correspondence.

DOMESTIC.

MALIGNANT SCARLATINA:

Spotted Fever.

GORDON, DARKE Co., OHIO, }
July 18, 1863. }

EDITOR MED. AND SURG. REPORTER:—There is a great deal of anxiety manifested at the present time about a certain new disease as it is considered by some, which has received the appellation of *Spotted Fever*. It is probable if this disease were traced from its milder forms to the more severe, some safe clue would be obtained to its correct classification.

We have had prevailing in this neighborhood, for some time, a milder affection, which appears to me allied to this more serious malady. Its ordinary symptoms were those of infantile remittent, but it presented the anomalies of sore throat, elevation of papillæ of tongue, and at the close a paralytic condition of the hemiplegic order.

Retaining these symptoms still, suddenly I perceived in the more aggravated type, this affection manifesting an exanthematous eruption, a rash resembling that of scarlet fever. The red points of this eruption gradually became blended into one, over spaces of an inch or more, and became purple in color and plainly hemorrhagic in character.

The scarlatinal rash did not gradually fade as it would in the ordinary disease, or recede as it does in the severer forms, nor did this purple discoloration manifest itself in the beginning as it more generally does in the fatal cases of this fever. The inflammation did not extend to the nares; rather the lids of the eyes were affected; no coryza or discharge from nostrils or eyes. In addition, there was still present the perplexing paralytic condition of right side, and the head was temporarily thrown back, as a writer in your journal describes.

Such was the disease in its graver form, which with me proved fatal. I assumed it to be a case of malignant scarlet fever, and accounted for the hemiplegia by supposing it of a rheumatic nature; this latter supposition not precluding the diagnosis of scarlatina.

A subsequent case seen this morning and presenting the complication just referred to, in the acme of the disease, by the transmutation which this complication underwent after it was first seen, has convinced me that this apparent paralysis is simply rheumatic. I find it diffused in a mere soreness over the whole body, and described to me as simply a soreness making the patient very sensitive to every kind of muscular movement.

I prescribed hypo-phosphite of soda in ten-grain doses every three hours.

Looking at the last number of the *American Journal of the Medical Sciences* published in your city, you will find one of the writers, in a discussion upon this

disease, represented the rash in the beginning as simply an exanthem of the ordinary scarlatinal description. This point is very important. Hereby is shewn plainly the scarlatinal progression or outset and development into more serious malady, now making the impression upon the profession of the invasion of a new disease.

You will perceive that the sketch given above presents characteristics of their diseases generally considered distinct, viz.: Erysipelas, Diphtheria, and Scarlatina.

At one time, or in one form, the erysipelatous character predominates, in another the diphtheritic, and in the graver type of the malady, the scarlatinal.

This latter in some cases being so anomalous as to impress the physician with the apprehension that he had to deal with a new disease.

In this last case probably, in consequence of the complications referred to, the usual treatment of scarlatina is ineffectual.

It must be distinctly remembered that there is no *tumefaction* of tissues affected with the eruption in any case, nor any tenseness to the touch.

That the several types or forms of diseases are one will be apparent from the manifest and easy transition observable.

The fusion of distinct diseases is no new thing, but to get at the malady which forms the real or more substantial ground work of the indisposition is no easy task—*Hic labor est.*

It will be found, I think, upon a closer scrutiny of this "new disease,"—so called, to wit: spotted fever,—when gradually traced that it is a simple scarlatina maligna in its character, and rendered anomalous by the complications referred to.

I think it necessary to tell you, Mr. Editor, that the vaunted scarlet fever remedy, sesqui carb. ammonia, entirely failed to influence the progress of the graver cases.

HENRY OLIVER, M. D.

P. S.—Quinia rather aggravates than relieves the disease, increases delirium, produces spasms, accelerates coma. Turpentine I have not tried, nor any of the mineral acids. Purgation, of course, is excluded by early prostration.

News and Miscellany.

Pension Examining Surgeons.

New Hampshire—Drs. O. H. BRADLEY, Jaffrey; JOHN CLOUGH, Lebanon.

Vermont—Dr. SAM'L P. DANFORTH, Royalton.

Massachusetts—Dr. JAMES M. UNDERWOOD, Abington.

New York—Drs. WM. H. JOHNSON, Johnstown; O. OTIS, Ellenville.

Michigan—Dr. LOUIS W. FASQUELLE, St. Johns.

Indiana—Dr. S. W. VANCE, Connersville.

West Virginia—Dr. JOSEPH H. HOFF, Point Pleasant.

Discharges from the Army.

It is stated that the returns in the Medical Director's office shew that since the war commenced

135,000 soldiers have been discharged from the army on surgeons' certificates. This does not, of course, include any one whose time was out, but comprises those whose health and physical inability to be a soldier prevented them from being of service in the army.—*Army and Navy Gazette.*

Changes.

Surgeon HORACE R. WIRTZ has been assigned to the Medical Department of the South, and ordered to relieve Surgeon C. H. CRANE.

Army Hospitals in Philadelphia.

During the week ending July 18, 2,642 soldiers were admitted into the hospitals of this department; 232 were returned to duty, 17 were discharged, 14 died, and 94 were mustered out of the service. The number remaining is 10,881, distributed as follows:

West Philadelphia.....	3930
Chestnut Hill.....	2851
Nicetown.....	1117
Broad and Cherry.....	693
Summit House.....	665
Filbert Street Convalescent.....	430
Turner's Lane.....	293
South Street.....	264
Christian Street.....	213
Chester.....	183
Sixty-fifth and Vine.....	119
Broad and Prime.....	65
Camac's Woods, (Officers).....	50
Islington Lane.....	8

Origin and Age of Man.

An ethnological controversy has been going on for some time among the savans of Europe. Some of the discussions have been carried on with considerable warmth, and sometimes not very creditably to the temper of the disputants. The following burlesque copied from the *London Times*, we find in the *Dublin Medical Press*. Our readers will recognize the names of prominent ethnologists and palaontologists:

A Sad Case—Mansion House—April 23, 1863—(Before the Lord Mayor.)

T. H. Huxley, well known about the town in connexion with monkeys, and Richard Owen, in the old bone and bird-stuffing line, were charged by policeman X. with causing a disturbance in the streets.

The prisoners exchanged glances of such a character that it was thought prudent to keep them separated in the dock.

Policeman X., being sworn, stated as follows:—My attention was called to the prisoners by a crowd of persons, who seemed much excited—they appeared to take sides, and some were for Owen and some for Huxley. On coming near I saw Huxley snapping his fingers at Owen, and telling him he was only a little better than an ape; he seemed dreadful angry, and would have done Owen some bodily harm if I had not been near. He told Owen he had quite as much brains as he had, and he called him some awful names. Must I repeat the bad words your worship?

Lord Mayor—Certainly. You *must* state what he said.

Policeman X.—Well, your worship, Huxley called Owen a lying Orthognathus Brachycephalic Bimanus Pithecanus; and Owen told him he was nothing else but a thorough Archencephalic Primate.

Lord Mayor—Are you sure you heard this awful language?

Policeman X.—Yes, your worship, and some more I could not exactly understand.

Lord Mayor—Did you see any violence used?

Policeman X.—Yes, your worship. Huxley had

got a beast of a monkey, and he tried to make it tread on Owen's heels—and said 'twas his grandfather—and like him—and just the same breed and all that; and some gentlemen cheered and said "Bravo."

Lord Mayor—Did you see the man Huxley actually put the monkey on the other prisoner—was there no interval between them?

Policeman X.—He put the beast so near as ever he could; he tried to make him go quite close but he could not, and he kept singing out, "Look at 'em, a'nt they like as peas?"

Lord Mayor—Did Owen appear much annoyed by this outrage?

Policeman X.—He behaved uncommon plucky, though his heart seemed broke. He tried to give Huxley as good as he gave, but he could not, and some people cried "Shame," and "He's had enough," and so on. Never saw a man so mauled before. 'Twas the monkey that worried him, and Huxley's crying out, "There they are—bone for bone, tooth for tooth, foot for foot, and their brains one as good as 'other."

Lord Mayor—That was certainly a great insult.

Huxley—So they are, my lord, I can show—

Here a scene of indescribable confusion occurred. Owen loudly contradicted Huxley; the lie was given from one to the other; each tried to talk the other down; the order, "Silence!" was unheeded; and for a time nothing could be heard but intemperate language, mingled with shouts of "Posterior Cornu," "Hippocampus," "Third Lobe," &c. &c. When order was restored, the Lord Mayor stated that, in all his experience, he had never witnessed such virulent animosity among costermongers.

The Lord Mayor here asked whether either party were known to the police.

Policeman X.—Huxley, your worship, I take to be a young hand, but very vicious; but Owen I have seen before. He got into trouble with an old bone man, called Mantell, who never could be off complaining as Owen prigged his bones. People did say that the old man never got over it, and Owen worried him to death; but I don't think it was so bad as that. Hears as Owen takes the chair at a crib in Bloomsbury. I don't think it be harmonic meeting altogether. And Huxley hangs out in Jermyn street.

Lord Mayor—Do you know any of their associates?

Policeman X.—I have heard that Hooker, who travels in the green and vegetable line, puts Huxley on the back a good deal; and Lyell, the resurrectionist, and some others who keep dark at present, are pals of Huxley's.

Lord Mayor—Lyell, Lyell; surely I have heard that name before.

Policeman X.—Very like you may, your worship; there's a fight getting up between him an' Falconer, the old bone-man, with Prestwich, the gravel sifter, for backer.

Owen—He's as bad as any of 'em, my lord. I thought he was a friend of mine, but he's been saying things of me as I don't like; but I'll be even with him some day.

Lord Mayor—Silence! Have you seen the prisoners in the company of any ticket-of-leave men?

Policeman X.—No, your worship; but from information I have received, I believe Huxley is one of the same set with John William Natal, or some such name, for he is one of those chaps as has got a lot of aliases, who has lately returned from abroad. John's been kicking up a pretty row, he has.

Lord Mayor—I desire you to bring him before me if you detect him in creating any disturbances.

Policeman X.—Oh! your worship, there's plenty trying to catch him; but he's so artful they can't trap him no how. They wanted to take his ticket from him, but they could not; then they tried to coax him to give it up, but he would not; not he. You see when he was across the water, he took to the bush

and got in with the savages, and tried to come over them, but one of the Kaffirs gave him such a topper that he's never been the same man since.

Lord Mayor—You have not seen them together?

Policeman X.—No, your worship; but I believe they are both tarred with the same brush.

As there appeared to be no case against Owen, he was allowed to be sworn. Hereupon Huxley demanded to be sworn likewise, but Owen objected, declaring that it was impossible to swear a man who did not believe in anything, and Huxley declared it was equally impossible to swear Owen. Owen, however, was directed to take the book in his right hand, whereupon Huxley vociferated, "He does not know a hand from a foot." An angry altercation ensued between the parties, amidst the din of which the words, "peronaeus longus," "moveable toe," "thumb," "astragalus," and "short flexor," could be distinguished. The Lord Mayor addressed both parties, and declared such violent conduct was scarcely human, at which Huxley laughed and Owen looked grave. He then gave his evidence as follows:—

I knew the prisoner in former years. We were both in the same business, and I looked upon him as a quiet well-meaning man. But since he has risen in the world, he has become highly dangerous, so much so, that I am willing to believe his conduct proceeds from diseased brain.

Here the Mayor called upon Dick Owen to come at once to the point.

Owen proceeded—For the last two years my life has been a burden to me. That fellow Huxley has got new pals, Charlie Darwin, the pigeon-fancier, and Rollstone, and others of that awful lot; and he waylays me in public, and throws dirt at me. Indeed he has hit me very much about the head, very hard indeed; and he tries to make believe that I don't know my trade; and that he can teach me; and he tries to make me ridiculous in the eyes of the public, and I can't bear it. And lately I went down to Cambridge, and who should I see there but that Tom Huxley and his low set, and they all attacked me at once—

[Here the Mayor directed the witness to keep to the point.]

Owen continued—I could live well enough if you could only keep that beastly monkey away from me, and make Huxley hold his tongue about comparing our brains. Indeed, continued Owen, how would you like to be told in public that physically, morally, and intellectually you were only a little better than a gorilla?

Huxley was now called upon, and said as follows:

Me and Dick is in the same line—old bones, bird-skins, offal, and what not.

The Mayor—Do you mean the marine store line?

Huxley—No, your worship; that's Bowerbank and Woodward's business. Well, as I was saying, we was in the same line, and comfortable as long as Dick Owen was top-sawyer, and could keep over my head, and throw his dust down in my eyes. There was only two or three in our trade, and it was not very profitable; but that was no reason why I should be called a liar by an improved gorilla, like that fellow.

[Here the Mayor cautioned the prisoner.]

Well in my business I put up monkeys, and the last monkey I put up was Dick Owen's.

[Here the Mayor declared, on the repetition of such language, he would at once commit Huxley.]

Well, as I was saying, Owen and me is in the same trade; and we both cuts up monkeys, and I finds something in the brains of 'em. Hallo! says I, here's a hippocampus. No there ain't, says Owen. Look here, says I. I can't see it, says he; and he sets to wrangling and haggling about it, and goes and tells everybody as what I finds ain't there, and what he finds is, and that's what no tradesman will stand. So when we meets we has words. He will stick to his story, your worship, he won't be right himself,

nor let any body else be right. As to this here monkey business, I can't help the brutes treading on his heels. If he was to go forward more, why you see he'd be further off from the beast; but he's one of these here standstill Tories, what they call the orthodox lot, as never moves forward. If he'll keep his tongue in his head, why I'll keep mine; but he shan't have the last word, or my name's not Tom Huxley.
[The Lord Mayor having tendered advice to the disputants, they were liberated.]

Fossil Man.

Not long since, in some remarks upon the *Antiquity of Man*, we alluded to the discovery of M. BOUCHER DE PERTHES in the ancient drift deposit of the Somme valley, of flint implements wrought by the hand of man and associated with the bones of extinct mammalia, namely, *Elephas primigenius*, the cave-bear, *cave-hyena*, &c. On the 28th of March, this same indefatigable gentleman, while engaged in his explorations, was fortunate enough to find the only link wanting to complete the chain of evidence as to the authenticity and importance of his previous labors, for in the high, level gravel beds of Moulin-Quignon near Abbeville, and beneath a layer of rough flints, he found a human jaw. This discovery, of so vast importance both to anthropology and to geology, necessarily produced great excitement in the scientific world, and strong doubts as to its authenticity were expressed by men of science in England. On May 15th, a congress of paleontologists was held at Abbeville, and the whole evidence in the case was thoroughly examined. The English men of science present, Dr. FALCONER, Mr. PRESTWICH, and Prof. BUSK, who had previously been loud and strong in their statements as to its falsity, were obliged to admit the accuracy of the views of such men as MILNE-EDWARDS, QUATREFAGES, LARTET and others, who had never doubted the authenticity of the specimen. The following are the conclusions arrived at, unanimously, by the commission:—“1. That the jaw found at Moulin-Quignon by M. BOUCHER DE PERTHES is really fossil. 2. That it was extracted by that gentleman himself from this virgin and undisturbed bed. 3. That the flint implements which had been said to be fabricated by the workmen are incontestably ancient.”

The specimen, which is said to resemble the jaw of the Esquimaux more than that of any other race now living, is thus described by Prof. BUSK:

“The black coating was washed off readily by means of a sponge, and the residuary spots in the minute hollows were removed by the aid of a tooth-brush. The general color of the washed surface was a light buff, mottled with brown stains. The outer surface was tolerably smooth, presenting little indication of the erosion commonly seen in old buried bones. There was no appearance of dendritic patches either on the exterior or within, and no infiltration of metallic matter. The substance of the bone was dry and friable, especially towards the alveolar border, but, on the whole, it was tolerably firm under the saw, and the fresh section afforded a distinct odor of sawn bone. The internal cancellated structure was of a faint brownish tinge, and the cells were free from any incrustation. The most remarkable appearance observable in the section was the lining of the dental canal with a thin layer of fine gray sand, free from any admixture with the black metallic matrix which blocked up the orifice of the canal below the condyle. The section of the fang showed that the dentine, so far as exposed, was white, and in no respect different from that of a recent tooth. The enamel was white and brilliant. The socket towards the upper part was not completely filled by the fang, and the interval was partially occupied by black matrix and sandy particles.”—*Boston Med. and Surg. Journal.*

MARRIED.

GRANT—MANICE.—On Saturday, July 18, in Oatlands, L. I., by Rev. Dr. Montgomery, of New York, Dr. G. Grant, Surgeon U. S. Volunteers, of Newark, N. J., and Caroline A., daughter of the late De Forest Manice.

MCLEAN—GRAMA.—In the First Congregational Church, Norwalk, Conn., on Monday, July 13, by Rev. Mr. Pierson, J. W. McLean, M. D., of Norwalk, and Hattie L., eldest daughter of C. J. Graman, of the same place.

DIED.

STEVENSON.—In Morristown, N. J., on Thursday, July 16, Philip Edward, son of Dr. R. W. and Ellen L. Stevenson, aged 5 years and 6 months.

METEOROLOGY.

July	13,	14,	15,	16,	17,	18,	19,
Wind.....	S. E.	S. E.	S. W.	S. E.	N. E.	S. W.	S. W.
Weather....	Cl'dy.	Cl'dy.	Cl'dy.	Sh'wy.	Rain.	Cl'dy.	Clear.
Depth Rain...	2-10			Th'dr Li'ng.	Th'dr Li'ng.	8-10	5-10
<i>Thermometer</i>							
Minimum.....	70°	66°	71°	70°	64°	61°	62°
At 8 A. M.....	75	70	75	76	67	67	71
At 12 M.....	77	75	82	83	74	74	80
At 3 P. M.....	76	80	84	76	71	75	80
Mean.....	74.5	72.7	78	76.2	69	69.2	73.3
<i>Barometer.</i>							
At 12 M.....	30.1	29.9	30	30.1	30.2	30.3	30.2

Germantown, Pa.

B. J. LEEDOM.

VITAL STATISTICS.	Philadelphia.	New York.	Baltimore.	Boston.	Providence.
	Week ending July 18.	Week ending July 11.	Week ending July 11.	Week ending July 11.	Month of June
Population in 1860.	565,529	805,651	212,418	177,812	50,668
<i>Mortality.</i>					
Male.....	235	232	61	40	52
Female.....	153	235	44	32	31
Adults.....	143	168	32	34	48
Under 15 years.....	227	.....	73	...	32
Under 2 years.....	187	203	48	...	8
Total.....	388	467	105	72	83
Deaths in 100,000.	68.60	67.96	49.43	40.49	40.49
American.....	306	232	...	54	43
Foreign.....	61	135	...	18	40
Negro.....	19	6	19	...	1
<i>ZYMOTIC DISEASES.</i>					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	76	53	17	4	...
Cholera Morbus.....	2	5	1	...	...
Croup.....	4	10	3	1	2
Diarrhea.....	14	17	1	...	...
Diphtheria.....	5	10	3	1	1
Dysentery.....	2	5	3	4	...
Erysipela.....	1	4	...	...	1
Fever, Intermittent.....	...	...	1	...	...
Fever, Remittent.....	...	...	...	...	...
Fever, Scarlet.....	5	9	3	2	...
Fever, Typhoid.....	1	11	...	4	2
Fever, Typhus.....	...	...	...	...	...
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	1	...	...	1	...
Influenza.....	...	...	...	...	...
Measles.....	4	7	...	...	1
Small Pox.....	1	...	4	...	...
Syphilis.....	...	...	...	...	...
Thrush.....	...	...	...	...	...
<i>SPOADIC DISEASES</i>					
Albuminuria.....	1	...	...	...	...
Apoplexy.....	3	9	1	1	4
Consumption.....	35	55	6	9	14
Convulsions.....	19	17	2	2	3
Dropsy.....	15	29	6	6	1
Gun-shot Wounds.....	33	...	...	...	2
Intemperance.....	...	...	...	...	...
Morbus.....	25	21	...	3	1
Pleurisy.....	...	...	...	...	1
Pneumonia.....	4	21	...	3	7
Puerperal Fever.....	1	...	...	1	2
Serofula.....	1	...	1	...	1
Violence and Acc'ts.....	9	48	3	4	...